

**TRANSCRIPT & IMMUNIZATION REQUEST FORM**

Name \_\_\_\_\_

Date Request Was Received \_\_\_\_\_

Date of Birth \_\_\_\_\_

Maiden Name \_\_\_\_\_

Year of Graduation \_\_\_\_\_

SAT's? \_\_\_\_\_

Immunization Records? \_\_\_\_\_

Official or Unofficial? \_\_\_\_\_

Pick up? \_\_\_\_\_

Send? To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Needed? \_\_\_\_\_

Phone number, if any questions \_\_\_\_\_

**Mail to: Mohonasen High School, 2072 Curry Rd., Schenectady, NY 12303, or drop off  
form in the Counseling & Career Center**

**As of July 1, 2006 there will be a fee for transcript and immunization requests:  
Transcripts - \$2.00 each, Immunizations - \$2.00 each**

**Checks should be made payable to: Mohonasen High School**